

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)				TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.				COURT USE ONLY DUE DATE:							
1a. CONTACT PERSON FOR THIS ORDER Sharon Ingram				2a. CONTACT PHONE NUMBER (510) 912-1941				3. CONTACT EMAIL ADDRESS singram@rjo.com							
1b. ATTORNEY NAME (if different) Dean D. Paik				2b. ATTORNEY PHONE NUMBER (415) 956-2828				3. ATTORNEY EMAIL ADDRESS dpaik@rjo.com							
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Rogers Joseph O'Donnell 311 California Street, 10th Floor San Francisco, CA 94104						5. CASE NAME USA v. Kim, et al.				6. CASE NUMBER 3:21-cr-164 CR					
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR Marla Knox						8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL CJA: <u>Do not use this form: use Form CJA24.</u>									
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)				c. DELIVERY TYPE (Choose one per line)							
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION <small>If requesting less than full hearing, specify portion (e.g. witness or time)</small>	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
01/20/2023	CRB	Hearing		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).												12. DATE			
11. SIGNATURE /s/ Dean D. Paik												04/06/2023			

Clear Form

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